



**WELL CHILD EXAM - EARLY  
CHILDHOOD: 4 YEARS**  
(Meets EPSDT Guidelines)

DATE

**EARLY CHILDHOOD: 4 YEARS**

**PARENT TO COMPLETE  
ABOUT THE CHILD**

CHILD'S NAME

DATE OF BIRTH

ALLERGIES

CURRENT MEDICATIONS

ILLNESSES/ACCIDENTS/PROBLEMS/CONCERNS SINCE LAST VISIT

YES NO

☐ ☐

My child eats a variety of foods.

YES NO

☐ ☐

My child can hop on one foot.

☐ ☐

My child gets along with other children.

☐ ☐

My child can sing a song.

☐ ☐

My child can dress self.

WEIGHT KG/OZ. PERCENTILE

HEIGHT CM/IN. PERCENTILE

BLOOD PRESSURE

☐ Review of systems

☐ Review of family history

Screening:

Hearing Screen

MHZ

R

L

4000

2000

1000

500

Vision Screen

20/

20/

N

A

Development

☐

☐

Behavior

☐

☐

Social Emotional

☐

☐

Gross Motor

☐

☐

Fine Motor

☐

☐

Physical:

General appearance

☐

☐

Chest

☐

☐

Skin

☐

☐

Lungs

☐

☐

Head

☐

☐

Cardiovascular/Pulses

☐

☐

Eyes

☐

☐

Abdomen

☐

☐

Ears

☐

☐

Genitalia

☐

☐

Nose

☐

☐

Spine

☐

☐

Oropharynx/Teeth

☐

☐

Extremities

☐

☐

Neck

☐

☐

Neurological

☐

☐

Nodes

☐

☐

Gait

☐

☐

Mental Health

☐

☐

Describe abnormal findings:

Diet

Elimination

Sleep

☐ Hct/Hgb

☐ Dental Referral

☐ Tb

☐ Lead Exposure

☐ Fluoride Supplements

☐ Fluoride Varnish

☐ Review Immunization Record

Health Education: (Check all completed)

☐ Nutrition

☐ Limit TV/Computer Time

☐ Development

☐ Regular Physical Activities

☐ Car Safety/ Booster Seat

☐ Safety

☐ Passive Smoking

☐ Discipline/Limits

☐ Helmets

☐ Child Care

☐ Other:

Assessment:

IMMUNIZATIONS GIVEN

REFERRALS

**NEXT VISIT: 5 YEARS OF AGE**

HEALTH PROVIDER NAME

HEALTH PROVIDER SIGNATURE

HEALTH PROVIDER ADDRESS

# Your Toddler's Health at 4 Years

## Milestones

### **Ways your toddler is developing between 4 and 5 years of age.**

Goes up and down stairs easily.

Skips.

Speaks in longer sentences.

Talks about what will happen tomorrow and what happened yesterday.

Can count on her fingers.

Recognizes some letters.

Remembers her address and telephone number.

Plays dress-up.

### **You help your child learn new skills by playing with her.**

## For Help or More Information

**Children's books on topics you find difficult to discuss:** Ask your local health department or a children's librarian at your public library.

**For help teaching your child about fire safety:** Talk with the firefighters at your local fire station.

## Health Tips

Your child will need certain immunizations before starting school. Make sure you get them soon. If you have decided not to give your child certain vaccines, you will have to sign an exemption form.

Offer your child at least five small servings of fruits and vegetables every day. They are very healthy foods and make good snacks.

Help your child get enough sleep so she will be happier and will learn easier! Put her to bed early so she gets 10-12 hours of sleep at night. Have a bedtime routine to calm her. Read a story or talk together before bed.

## Parenting Tips

Encourage your child to use words to tell you why he is upset or sad. Show him how by doing this yourself.

Take time with your child every day to read, do a puzzle, or play an active game outside.

Children are naturally curious about their bodies. Simple, honest answers will help your child feel okay about his body. Use the real names for private parts.

## Safety Tips

Booster car seats are for big kids! Use a booster in the back seat with lap/shoulder belts until your child is tall enough for adult seat belts. Boosters soon will be required up to age 6 or 60 pounds.

Make sure your child knows her address and telephone number. Teach her how to call 911 in an emergency. Tell her to stay on the line if she has to call for help. Practice at home with a toy telephone.

Teach your child to stop, drop, and roll on the ground if his clothes catch on fire.

## Guidance to Physicians and Nurse Practitioners for Early Childhood (4 years)

The following highlight EPSDT screens where practitioners often have questions. They are not comprehensive guidelines.

### Fluoride Screen

Check with local health department for fluoride concentration in local water supply, then use clinical judgment in screening. Look for white spots or decay on teeth. Check for history of decay in family.

### Lead Screen

Screen children for these risk factors:

- Live in or frequently visit day care center, preschool, baby sitter's home or other structure built before 1950 that is dilapidated or being renovated.
- Come in contact with other children with known lead toxicity (i.e., blood lead 15 ug/dl).
- Live near a lead processing plant or with parents or household members who work in a lead-related occupation (e.g., battery recycling plant).

### Hepatitis B Vaccine

- For children and adolescents not vaccinated against hepatitis B in infancy, begin the hepatitis B vaccine series during any childhood visit. Give the second dose at least one month after the first dose and give the third dose at least four months after the first dose and at least two months after the second dose. Hepatitis B vaccine is required for school entry.

### Developmental Milestones

Always ask parents if they have concerns about development or behavior. You may use the following screening list, or use the Ages and Stages Questionnaire, the Denver II, or the MacArthur Communications Development Inventory.

Yes    No

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Dresses with supervision.                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Plays games with other children (e.g., tag).</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Says what to do when tired, cold, hungry.</u>    |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Says first and last name when asked.</u>         |
| <input type="checkbox"/> | <input type="checkbox"/> | Walks up and down stairs, alternating feet.         |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Balances on each foot for 2 seconds.</u>         |
| <input type="checkbox"/> | <input type="checkbox"/> | Copies a circle.                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Inappropriate play with toys/no pretend play.       |

**Instructions for developmental milestones:** At least 90% of children should achieve the underlined milestones by this age. If you have checked "no" on *even one* of the underlined items, or if you have checked the **boxed item** (abnormal behavior at this age), refer the child for a formal developmental assessment.

Notes: Immunization schedules are from the Advisory Committee on Immunization Practice of the U.S. Centers for Disease Control and Prevention. **Parents and providers may call Healthy Mothers, Healthy Babies with questions or concerns on childhood development.**